

Briefing Note – Restoration of non-COVID services in Coventry

Requested by – Coventry Health and Social Care Scrutiny Board Overview

Prepared by – NHS Coventry and Rugby Clinical Commissioning Group

Date – 7 December 2020

1. Purpose of the briefing note

- 1.1. This briefing note is to provide an overview of the monitoring, recovery and restoration plans for non-COVID services in Coventry
- 1.2. The committee are asked to note the content of the report.

2. Background

2.1. On July 31, 2020, NHS England wrote to trusts and clinical commissioning groups to indicate the start of “Phase 3” of our response to COVID and the need to restore services following the first wave of the pandemic. Within the Phase 3 letter, they outlined the following national expectations for the restoration of services within the NHS:

2.2. A - Accelerating return to “normal”:

- 2.2.1. A1 - Cancer delivery plans for Sept 2020-March 2021 to be developed aiming to fully restore cancer services including immediate management of 104+ day waits, reducing 62 day and 31 day waits.
- 2.2.2. A2 - Recover the maximum elective activity including increasing electives to at least 80% of the preceding year’s activity; and OP attendances to 100% of preceding year’s activity by Sept 2020.
- 2.2.3. A3 - Restore service delivery in primary care and community services, including backlog of childhood immunisations and cervical screening, programme of structured care home reviews, and all GP’s to offer face to face appointments as well as remote triage and video.
- 2.2.4. A4 - Expand and improve MHL D services including increasing investment in line with the Mental Health Investment Standard; allocation of funding to core Long Term Plan (LTP) priorities.

2.3. B - Preparation for winter alongside possible Covid resurgence:

- 2.3.1. B1 - Continue to follow good Covid-related practice;
- 2.3.2. B2 - Prepare for winter including utilising independent sector and Nightingale hospital capacity, expanding seasonal flu vaccination programme, expanding the 111 First offer, maximising the use of ‘Hear and Treat’ and ‘See and Treat’ pathways for 999 demands. Continuing to work collaboratively with local stakeholders including voluntary sector and local authorities.

- 2.4. **C - Reflecting on Covid lessons-learnt and embedding positive change**; continuing to support staff, and continued action on inequalities and prevention: a People Plan 20/21 has been published with some specific objectives to address inequalities.

3. Overview of restoration of services

- 3.1. As a system, we are recovering our services well and, as of week of 25th November, the majority of our services are now coming close to or even exceeding the levels from the same period last year.
- Community mental health services – a restoration plan is in place with CWPT working towards the Phase 3 letter ask.
 - Levels of diagnostic activity are back at or exceeding levels normally expected for this time of year, and referrals have returned to previous pre-COVID levels.
 - Outpatients - all services have been restarted and are open in line with the Phase 3 letter
 - Planned surgery (Elective) - all services have been restarted and are open in line with the Phase 3 letter
 - GP Services: All services are being restored in line with national guidance.
 - A&E attendances are lower than the same period last year. This is in part as a result of new local pathways including the use of NHS 111 First, Same Day Emergency Care, and Hot Clinics which direct people away from the Emergency Department. The percentage of non-elective admissions is running at about the same as it was last year, showing that the patients directed away from ED are patients who previously wouldn't have been admitted.
 - Dental services are being restored in line with national guidance.

4. Outpatient, Day-case, Electives activity

- 4.1. **Outpatient:** As a System, Coventry and Warwickshire undertook approx. 26,000 first Outpatient attendances prior to COVID. The lowest point was approximately 12,000 attendances in May 2020, which was at 40% of the same period in the preceding year.

As of November 2020 the position has improved considerably with first Outpatient appointments at around **70%** of that at the same time in 2019. This is in line with the position being reported at a regional level.

4.2. **Day-case:** Approximately 11,000 day-case procedures took place in March 2020. In the immediate aftermath of COVID this reduced with the lowest point being in June with approx. 3,800 procedures.

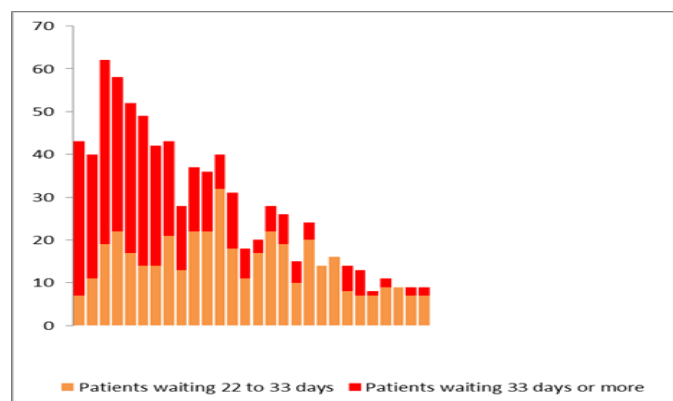
As of November 2020 the position has improved considerably with activity at **85%** of the same period in the preceding year.

4.3. **Inpatient Elective:** In March 2020, 1,400 elective procedures took place. This reduced to its lowest position in June 2020 of just under 400 operations.

As of November 2020 this has recovered to **99%** of the same period in the preceding year.

5. Coventry and Warwickshire Cancer Services Restoration

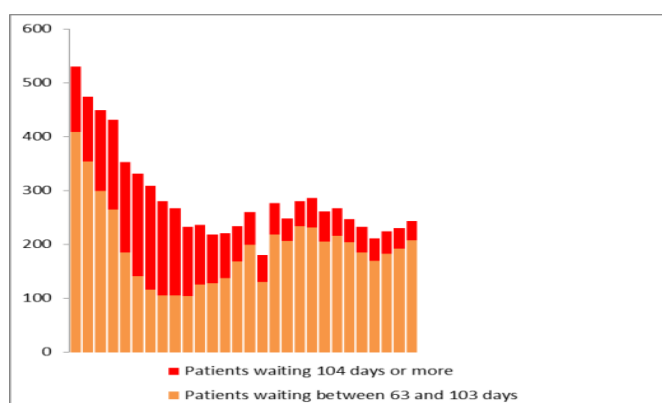
5.1. **Two Week Wait pathways** - With regards to patients on a two week wait suspected cancer pathway, we have seen the numbers being referred and waiting return to pre-COVID levels. The proportion of patients waiting over 14 days is reducing week on week, especially the number waiting over 33 days.



This graph shows the weekly percentage of patients waiting between 22 to 33 days and over 33 days, as compared to the same week last year, stretching from the week of 17 May to week of 22 November, and clearly demonstrates the recovery progress.

5.2. **Sixty-two day wait pathways** – After an initial fall when COVID-19 started, the number of patients with cancer on a 62-day pathway has increased, reflecting the increase in referrals back to normal levels.

The proportion of patients waiting more than 62 days, and especially for over 104 day for treatment has fallen considerably and continues to improve.



This graph shows the weekly percentage of patients waiting between 63 to 103 days and over 104 days, as compared to the same week last year, stretching from the week of 17 May to week of 22 November, and clearly demonstrates the recovery progress.

5.3. It is important to note that a lot of patients chose to defer treatment in the first COVID wave, thus extending the period of time before treatment. This position is also improving.

6. Restoring and supporting access to GP Services

6.1. The COVID-19 Pandemic has resulted in significant necessary changes to how Primary Care is delivered in Coventry.

6.2. As part of the NHS COVID-19 Phase 1 response, and in line with many areas across the country, a number of General Practice services were either fully or partially stopped in order to prioritise resources appropriately to respond to the national Level 4 Incident. The way in which other General Practice services were delivered needed to be radically changed in order to protect the health and wellbeing of both patients and staff.

6.3. The primary care operating model was rapidly adapted, in line with national guidance, to safely deliver primary care services to patients in Coventry and Warwickshire

6.4. All practices in Coventry and Warwickshire undertook a wholesale move to a 'total triage' model with initial telephone triage of all patient contacts. Essential services are delivered in a tiered approach with a 'digital first' approach being implemented by practices for essential 'cold' consultations, this approach includes the use of telephone, video and online consultations.

- 6.5. For those patients who need to be seen face to face and are not potential COVID-19 positive or confirmed positive, face to face appointments are available at all practices in Coventry, following the initial telephone triage.
- 6.6. The Clinical Commissioning Group has undertaken a campaign to help support the public in all demographics to understand that GP services are available to them, including media campaigns. This has included working closely with local community and voluntary sector organisations/contacts who were instrumental in keeping local faith groups, networks and forums updated about how to access GP services.
- 6.7. This information was translated into a number of different languages and shared via various communication channels, such as; social media, radio stations, flyers included in food parcels to those who were shielding, information was shared across a number of local charities and faith groups who set up WhatsApp groups at the time to keep in touch with people.
- 6.8. We are also working closely with our local practices to ensure that there is an appropriate service for potential COVID-19 positive or confirmed positive patients who require a face to face consultation following clinical triage / consultation in an appropriate, safe Primary Care setting. These are known as “Hot Hubs”
- 6.9. This ensures that they are able to seek the treatment required / referred onward if urgent treatment is required.
- 6.10. Transport for those unable to make their own way to the Hub is also in place. We have surge and escalation plans in place to ensure appropriate capacity and capability in order to respond to the current pandemic demands.

7. Dental Services

- 7.1. The responsibility for commissioning dental services lies with NHS England, who have provided the following update.
- 7.2. Most dental practices are providing face to face care and 90% can offer aerosol-generating (AGP) procedures (some treatments involving the use of powered instruments like drills or scalers) through the use of enhanced infection control measures and PPE.
- 7.3. There are also currently 93 Urgent Dental Care Centres across the Midlands providing urgent care for those patients who do not have access to a regular dentist or whose dentist is not yet offering the full range of services.
- 7.4. Due to the infection control and social distancing measures in place, necessary to ensure everyone’s safety, the capacity for dental practices to see patients is currently still very restricted. Current enhanced infection control measures include the requirement for each surgery to be left for up to

30 minutes between patients prior to deep cleaning following an AGP procedure.

7.5. For this reason, the management of urgent patients and those in vulnerable groups is still the priority for many practices, who may be prioritising the most vulnerable patients and asking that routine appointments wait.

7.6. Most dentists will require patients to be clinical assessed by phone or video consultation prior to them being seen in the dental surgery if this is needed. Dental practices can prescribe antibiotics or painkillers and this can be done by phone.

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